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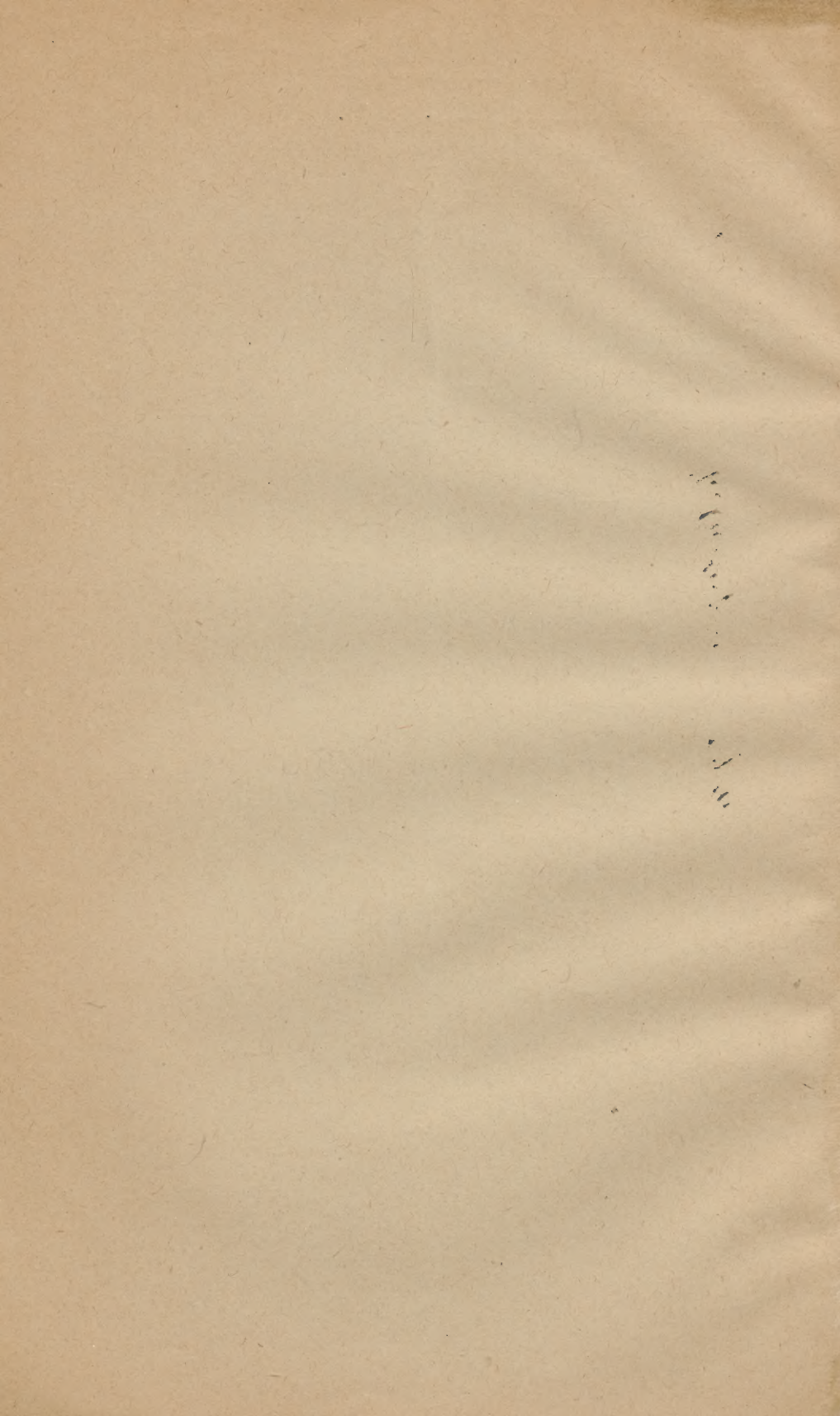
THE NOMENCLATURE OF DISEASES OF THE GASTRO-ENTERIC TRACT.

The Report of the Committee of the
American Pediatric Society,
May 1894.

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Committee.

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THE NOMENCLATURE OF DISEASES OF THE GASTRO-ENTERIC TRACT.

*The Report of the Committee of the American Pediatric Society, May
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At a meeting of the American Pediatric Society in 1892 the undersigned were appointed a committee by the society to revise the nomenclature of the diseases of the stomach and intestines in infants and young children, in order, if possible, to arrive at some uniform conclusion, to get rid of many terms which have come to possess a very doubtful significance, and to make a place for new ones representing our present knowledge. A preliminary report was presented at the meeting of 1893. After free discussion this report was laid over or one year for further consideration and revision. At the meeting in Washington, May, 1894, a revised report was presented to and finally adopted by the Society in the form given below.

Any nomenclature is necessarily a provisional one, and

the society does not wish to be understood as claiming anything more for the one here proposed. At the same time it is believed that it is a great advance upon the unmeaning and misleading nomenclature now current, and that a place will be found in this revision for the further knowledge of this subject which is coming to us in the near future.

The Society decided to adopt as a name for this nomenclature "Diseases of the Gastro-Enteric Tract."

The following are the reasons for adopting a new nomenclature and the knowledge on which the Society based their conclusions.

1. There are many gastro-enteric diseases which with our present knowledge it is impossible to classify, but a new and better classification is necessary to simplify further investigation, and justifiable from the immense advance which has been made in our knowledge of this class of diseases.

2. A practical nomenclature should be made from where the stress of the lesions exists, rather than from all the lesions which are included in the pathological diagnosis.

3. This classification has reference to infants and young children, as distinguished from older children and adults, whose pathology and symptoms often differ materially from those belonging to early in life.

4. Infants and young children succumb to the early stages of disease sometimes before the later lesions and resulting symptoms have time to develop.

5. As the only symptom which shows the stomach to be involved whether from reflex, functional or organic conditions, is vomiting, the most simple way of approaching the subject is to classify diseases of the stomach alone and those of the intestine alone, but in the latter case to state in which of the diseases the stomach may be involved.

6. By the term *reflex* we mean an irritation peripheral, with a resulting action. By *functional*, a disturbance of

the function of the organ without a known lesion. By *organic*, a known lesion.

7. Special organic lesions of the stomach alone are very rare and are still rare even in connection with organic lesions of the intestine.

8. Vomiting as a symptom is often very misleading for diagnosis, and should not be considered as indicative of any one disease.

9. The pathological anatomy of the gastro-enteric tract of infancy and early childhood is essentially that of the ileum and colon.

10. Grave lesions at the autopsy may be found where the intestinal symptoms during life were very mild.

11. Serious symptoms during life are often represented at the autopsy by no pathological lesion.

12. It is probable that a large number of diarrhœal cases have for their primary cause some form of bacteria, also, that the variety of bacteria is great, but that it is their products which are the essential cause of the toxic symptoms.

13. Intestinal discharges are often very misleading for diagnosis.

14. Marked diarrhœa may exist during life and no lesions be present at the autopsy.

15. Serious lesions may exist and yet no blood appear in the dejections.

16. Blood may appear in the dejections and yet presumably no serious lesions exist, the hæmorrhage being only temporary and comparable to epistaxis.

17. The temperature is very important for classification. An elevated temperature of short duration points toward functional and toxic disturbance. An elevated temperature long and continued points toward inflammatory lesions.

18. In those cases in which deeply marked lesions are present the stress of the lesions is usually upon the lower ileum and the colon, and very frequently only in the

colon; therefore, the terms ileo-colitis and colitis seem more descriptive than enteritis or entero-colitis.

19. The membrane in ileo-colitis pseudo-membranosa is often extensive, but sloughing and perforation are exceedingly rare in young children.

*20. Eliminative. Under this term may be grouped a class of cases as yet very imperfectly understood, and in which certain morbid products are eliminated from the blood through the gastro-enteric tract, *e. g.* urea.

*21. It is supposed that all ulcers of the gastro-enteric tract are not necessarily inflammatory.

*22. We can draw no absolute line between non-inflammatory and inflammatory cases, since conditions which begin as the former may easily run into the latter, the classification being made according to the stress of the condition.

GASTRO-ENTERIC TRACT		CENTRAL.		REFLEX.
Gastric.....	Developmental. (Malformations Malpositions..)	Acute.....	Nervous..... (vomiting.) Indigestion. Chronic..... Eliminative, *20	From many diseases as Tubercular Meningitis, Heat, Cold, Fright, etc.
	Functional..		Mechanical, Dilata- tion, etc. Non-Inflammatory.. Ulcers, *21. New Growths.	
	Organic.....		Acute..... Inflammatory	Catarrhalis. Corrosiva. Pseudo-Membranosa. (Such as, according to Wollstein in Archiv. Pediatrics. July, 1892, is met with in Exhausting Diseases, Atalec- tasis, Diphtheria, Tuberculosis, etc.)
			Chronic.....	Catarrhalis.
Enteric	Developmental. (Malformations Malpositions..)	Acute.....	Nervous (exaggerated peris- talsis causing diar- rhea).	CENTRAL. Heat, Cold, Fright, etc. REFLEX. Foreign bodies, food or otherwise.
	Functional..		Indigestion	Both small and large intestine may be affected, and the condition of the mucous membrane is normal or hyperæmic.
	Organic.....		Chronic	Tubular.
			Eliminative, *20.	
Animal Parasites.			Infantile Atrophy ...	Especially of Duodenum: Usually much mucus in discharges, prominent abdo and emaciation.
				Spasmodic. Atonic.
				Apparently a vice of absorption.
Organic....			Dilatation of Colon. Volvulus. Intussusception, etc. Fissures. Prolaps. Polypi. Hæmorrhoids. Hernia.	CENTRAL. Heat, Cold, Fright, etc. REFLEX. Foreign bodies, food or otherwise.
				Both small and large intestine may be affected, and the condition of the mucous membrane is normal or hyperæmic.
Non-Inflamma- tory.			Our present knowledge of Fermentation and Decomposition includes ACID FERMENTATION. AND ALBUMINOUS DECOMPOSITION.	
				In both these forms it is probable that it is the small intestine which is most affected. The condition of the mucous membrane may be normal or there may be desquamative catarrh. This process may go no further or may be followed by inflammatory changes.
			Somach (vomiting.) Small and large intestine affected. Condition of mucous membrane is Desquamative Catarrh and sometimes Hyper- æmia.	
Inflammatory ..			Cholera Infantum, *22.	CATARRHALIS. Ileum and Colon chiefly affected. Stomach apt to be involved. This form includes the non- ulcerative form of Follicu- lar Inflammation.
			Cholera Asiatica, *22... New Growths.	ULCERATIVA FOLLICU- LARIS. Ileum and Colon chiefly affected. Stomach not apt to be in- volved. Mainly a Follicular Ulcera- tion.
				In both these forms the lesions are so varied that they prob- ably arise from a number of organisms. Their Pathology must for the present be collectively all forms which cannot be classed under the Pseudo-Membranous and Amebic. They may occur as an acute primary disease, but are usually Sec- ondary to the Fermental Diarrheas, and sometimes to the general infectious diseases, especially measles.
				PSEUDO-MEMBRANOSA. (Sporadica or Epidemica.) Ileum and Colon chiefly affected. The lesions are probably due to a number of organisms. The Pathology is characterized by the presence of a mem- brane on the surface and extending into the mucous mem- brane, due to a combination of fibrinous exudation and necro- sis. That is, there is a Definite Pathology. The disease may be Primary, the usual Epidemic or Sporadic Dysentery or, Secondary, to certain infectious diseases such as measles.
Chronic				TYPHOIDAL. Ileum and Colon chiefly affected. A definite Etiology and Pathology. Typhoid Bacillus.
				AMEBIC. Colon chiefly affected. A Definite Etiology. "Ameba Coli."
				There are definite anatomical lesions.
Committee. { T. M. ROTCH, M.D., Boston. I. E. HOLT, M.D., New York.		Ileo-Colitis or Colitis.. { Follows acute attacks, especially of Ileo-Colitis. Tubercular. Appendicitis.		

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